



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

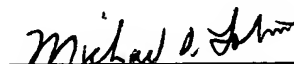
In re Application of

Applicant(s) : Danny Wayne Peters
Serial No. : 10/805,053
Filing Date : March 19, 2004
Title : PRE-SCAN ASSEMBLY FOR ALIGNING A PRE-SCAN LENS
IN A LASER SCANNING UNIT
Docket : 2003-0754.02
Art Unit : 2853
Examiner : Carlos A. Martinez

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Attorney

Reg. No. 33,348

AMENDMENT

Sir:

In response to the Office Action of May 2, 2006, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 7 of this paper.

JPW



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM

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Total Number of Pages in This Submission

9

Application Number

10/805,053

Filing Date

03/19/2004

First Named Inventor

Danny Wayne Peters

Art Unit

2853

Examiner Name

Carlos A. Martinez

Attorney Docket Number

2003-0754.02 (LEX205PA)

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Stevens & Showalter LLP		
Signature	<i>Michael D. Folkerts</i>		
Printed name	Michael D. Folkerts		
Date	July 28, 2006	Reg. No.	33,348

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Signature	<i>Michael D. Folkerts</i>		
Typed or printed name	Michael D. Folkerts	Date	July 28, 2006

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